



State of Idaho

Peace Officer Standards and Training

700 South Stratford Drive, Meridian, Idaho 83642-6202

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APPLICANT AFFIDAVIT IN SUPPORT OF REQUEST FOR VISION WAIVER

STATE OF IDAHO)
) ss.
County of _____)

NAME OF APPLICANT: _____, being first duly sworn upon
his/her oath, deposes and says as follows:

1. I am over eighteen years of age and competent to testify.
2. I make this affidavit based on my personal knowledge.
3. On _____, 20____, I had a vision examination by **Examiner:** _____,

Title: _____, **Name of Clinic:** _____, located at
_____ in the city of _____, Idaho.

4. The vision examination revealed, for the purpose of POST Council's vision standards, that I have a vision deficiency in my **left and/or right**
eye.

5. Description of each deficiency: _____

6. I **was** / **was not** aware of this vision deficiency before this examination.

7. I **do** / **do not** use corrective vision aids for my vision deficiency.

8. I **do** / **do not** believe that my vision deficiency will interfere with my ability to work effectively and safely as a [name of position]

_____ for [hiring agency] _____

9. My vision deficiency **has** / **has not** affected my daily life. If the deficiency has affected your daily life, explain: _____

10. My vision deficiency **has** / **has not** affected my ability to drive. If the deficiency has affected your ability to drive, explain: _____

11. Add any further information, explanation or description that you want the POST Council Hearing Board to consider: _____

12. Further your affiant sayeth naught.

DATED this _____ day of _____ 20____.

APPLICANT _____

On this _____ day of _____, in the year 20____, before me, _____,
personally appeared _____, proved to me on the basis of satisfactory evidence to be the
person whose name is subscribed to the within instrument, and acknowledged that he/she executed the same.

Notary Public

Residing in _____

Commission expires on: _____